

Commentary

Executive stress and burnout syndrome: focus on clinical lecturers in Nigerian

Enyidah Nonyenim Solomon^{1*}, Nonye-Enyidah Esther Ijeoma²,
Alikor Chizindu Dike¹, Elenwo Solomon N.³

¹Department of Medicine, College of Health Sciences, Rivers State University, Port Harcourt, Nigeria

²Department of Obstetrics and Gynecology, Rivers State University Teaching Hospital, Port Harcourt, Nigeria

³Department of Surgery, Rivers State University Teaching Hospital, Port Harcourt, Nigeria

Received: 04 October 2024

Accepted: 06 November 2024

*Correspondence:

Dr. Enyidah Nonyenim Solomon,
E-mail: nonyenims@yahoo.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Stress is the tonic that propels life, a state of mental or continued strain from adverse stimuli, leading to a feeling of emotional or physical tension. It is the body's response to challenges and the bedrock of mental health, therefore the main determinant factor of wellbeing and the state of mental health. World health organization (WHO).¹ defines mental health as a state of wellbeing in which an individual realizes his/her own abilities, coping with normal stresses of life, work, and make useful contributions to community.

This definition considered key elements such as emotional maturity, personal and social identity, intimacy, integrity and appropriate coping mechanisms. A disruption in any of these elements leads to mental disorders, which affects >25% of people world-wide. Mental disorders are the leading causes of disabilities, the most common being depression, anxiety and alcohol and substance use disorders, which are all products of stress. All living things respond to stress either positively or negatively. It may come as acute stress, when it comes suddenly, lasts for a short time and disappears. This acute stresses occur in everybody even during sleep. It may be episodic when it occurs intermittently with respite, or chronic when it lasts for a long time as is the case with clinical lecturers in Nigeria.² When it becomes enduring as it's seen in financial issues, which currently is ravaging the entire Nigerian populace including doctors and their patients, chronic stress may end up as a way of life.³ As essential

group in the health sector this rare species of doctors must not go into extinction.

THE STRESS PATHWAYS AND ITS EFFECT ON THE BODY

The immediate reaction to stress is the flight or fight response or a mix reaction. The neurotransmitters such as Norepinephrine, Serotonin, and GABA, primarily localized to the locus cereleus in the rostral Pons are released in large quantities. The hypothalamus-pituitary-adrenal axes massively release cortisol into the system causing damages. 5-hydroxytryptamine (5HT) Serotonin is activated. Within seconds of the attack, all these hormones are in excess production in the body leading to increase in; blood pressure, stomach upset, diarrhea or constipation, palpitation etc, as the immediate physical signs. In its chronic state, these signs persist, leading to diseases such as heart disease, diabetes, obesity, skin problems and worsening of existing diseases.⁴ The persisting and enduring state of chronic stress leaves you in a state of learned helplessness and apathy, leading to depression and suicide.⁵

The brain may be stimulated, especially the medial forebrain bundle, septal areas and the lateral hypothalamus leading to pleasurable sensation and maladaptation to the stress. The prefrontal lobes and their connections are responsible for executive functions such as planning, organizing and controlling complex problems, may become adversely affected. This is a confirmed pathway

for all the executives. The immune system is suppressed leading to reduced responses to vaccinations, recurrent allergies, immune induced behavioral changes.⁶

Whether an event is perceived as stressful depends on the event, the person’s resources, psychological defenses and coping mechanisms. A person whose ego is functioning properly is in an adaptive balance between external and internal worlds. A malfunctioning ego leads to chronic anxiety state.

IMPACT ON HEALTH

Once any of the elements defining mental health is altered by stress, any of the above pathways will be triggered off leading to poor mental health. If more than one pathway or all are triggered off, distress or severe stress ensues leading to extreme anxiety.⁷

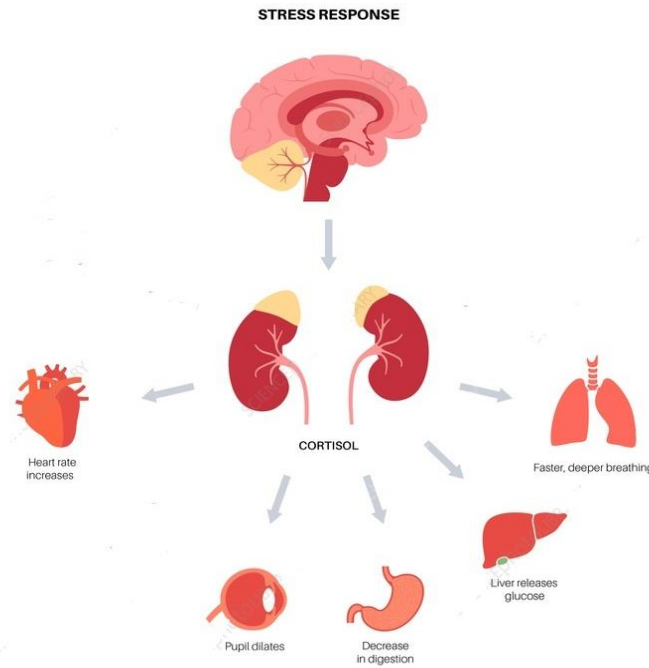


Figure 1: Illustration of stress pathway.

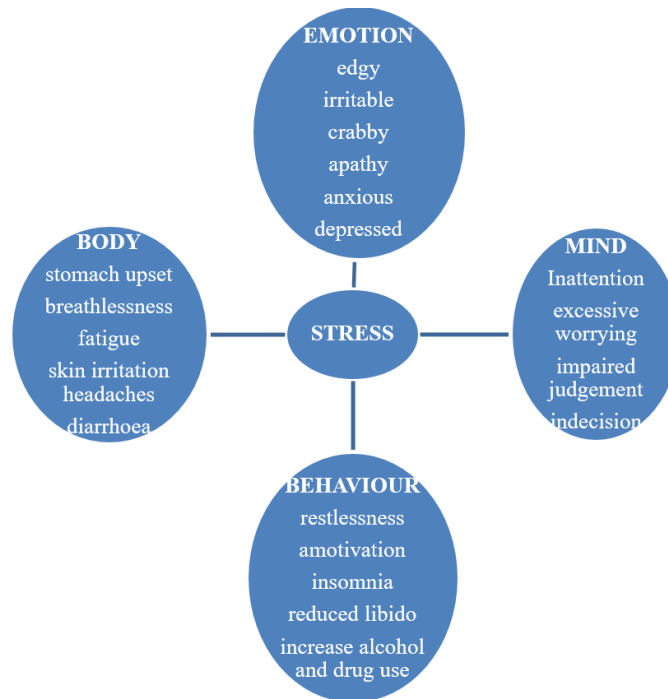


Figure 2: Impact of stress on health.

Executive stress is the strain experienced by management personnel, who are responsible for major decisions, effectiveness of subordinates and the success of the organizations. By this definition, all heads of units and clinicians are involved. It includes any person who has to make an informed opinion and decision on another person. All medical doctors, from the house physician to the chief consultants and professors who must make a diagnosis and decide on mode of treatment are by default, candidates of executive stress. For these executives, all the stress pathways are constantly activated.⁸ In an integral survey of university staff reported by DM Pestonjee 1987, 62% of faculty staff end the day with work related neck pain, >59% spent over 12 hr days on work related duties. He confirmed the already known and existing facts of the effects of severe stress on top executives which includes; fast aging, low energy, demotivation and lack of inspiration to new ideas, frequent colds, loss of libido, insomnia, pains, excessive use of alcohol, drugs etc. Predictors of stress in executives is work related in 65%, family in about 44%, young age and less physical activities.⁹

THE ACADEMIC CLINICAL LECTURER IN NIGERIA

The clinical lecturer is an academic staff of the university and a consultant or specialist staff of the teaching hospitals or other specialist hospitals. He belongs to the faculty of clinical sciences of the university. It used to be peoples' imagination that universities are calm, quiet and relaxed places of work with long holidays, small workload, and stress-free environment. Research findings are on the contrary.¹⁰ The academics is a well-organized and structured environment, job descriptions are standardized, remunerations are measured according to workload. The workload is usually measured using SWF which is a standard and objective way to assign measure and monitor the workload of academic staff. The SWF is designed to measure four different aspects of workload which include; teaching and contact hour, preparation, evaluation and complimentary functions. All these are represented on weekly bases which total up to number of workload hours per week.¹¹ Each faculty fixes the number of workload hours per week for its members.

All the universities in Nigeria are regulated by the national universities commission (NUC). In 1989, the NUC approved a harmonized minimum workload hours per week to be used by all universities in the country. It approved a minimum of 12 credit units/week for the sciences and 8 credit units/week for the arts.¹² It further directed that workloads above the stated minimum, should be determined by the universities and appropriate allowances paid to the lecturers.

Dogara Bashir in 1998 noted that no university in Nigeria paid the excess workload allowances.¹³ This issue continuously agitated the academic staff union of

universities (ASUU) and has led to several academic industrial actions that shut down all public universities.

The workload of academic staff of the faculty of clinical sciences (Clinical lecturers) has remained difficult to compute. It involves all the regular lectures to medical students during and after each block postings, all tutorial classes, seminars, clinical meetings and ward rounds.

It also includes postgraduate seminars, planning and conducting examinations at all levels, workshops, and several other duties relevant to medical education which are not captured and credited by the NUC. The CCS which is currently in use in the universities is obviously not applicable to this faculty.

An average academic staff is expected to spend 40% of the time teaching, 40% in research and 20% in administration, but this is hardly the case with the clinical lecturer. The current clinical lecturer's duties do not fit into the CCS. Their duties within the hospital alone occupy most of their work time leaving little or no time for research which is mandatory for their promotions. These researchers are burned out competing with little or no resources, leaving them with poor mental health two times higher than the general public. This is linked to the 'publish or perish syndrome' in academics. In their work on workload related stress on lecturers, Abosede et al concluded that workload related stress significantly influences the job effectiveness of lecturers in terms of publications and teaching effectiveness.¹⁴

Academic burnout happens when the academic work and home life seem overwhelming and you can't cope any more. Burnout is now officially recognized by WHO as an occupational phenomenon. It is classified in the international classification of diseases (ICD-11) and defined as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed leading to poor mental health.¹⁵ People may never recognize burnout states due to states of learned helplessness. When people around you say you are getting edgy, irritable, short tempered, check your workload. Burnout may make you unmotivated, cynical, crabby, it is usually associated with work that demands continues long-term physical, cognitive and emotional efforts.¹⁶ A study involving 1,122 faculty members, 75% females and 51% males reported burnout.¹⁷ It is a consequence of a system that expects people to work long hours and sacrifice their personal lives.

CONCLUSION

The faculty of clinical sciences is represented by executives with compromised mental health, academics with incalculable workloads, prone to overwhelming and severe stress. They have the highest prevalence rates in most disorders including alcohol and drug abuse among other professionals. It is a faculty in dire need of attention to save its membership. Poor mental health among

academics has serious consequences; therefore, structural changes like job security, review of work overload and commiserate pay must be put in place. The clinical lecturer must show excellence in research, teach, engage in science communication, supervise projects and other research works, they must exercise leadership, sit in committees, attend numerous meetings and carry out clinical duties.

He must remember that academics is an ultra-marathon and not a sprint, so the need for review and reconsideration of policies of faculty to demystify its suicide tendencies.

The faculty of clinical sciences is arguably the most essential of all the faculties involved in the training of doctors. It must be allowed to fix the workload for its staff.

A better and commensurate salary would bring a huge relief to the staff. The faculty should make it a policy that every staff takes a compulsory vacation for at least 8 weeks every year.

Each department of the faculty must comply with the WHO recommendation of one lecturer to 12 students. This rare species of clinical lecturers must not go into extinction.

REFERENCES

1. World Health Organization (WHO). The European Health Report 2012. Charting the way to wellbeing. WHO; Geneva, Switzerland 2012.
2. Ezinne PN, Birute S, Arturas RD, Rasa G, Cesar AS. Stress management in Healthcare organizations: The Nigerian Context. *Healthcare (Basel)*. 2013;11(21):2815.
3. Koolhaas JM. Stress Revisited. A Critical Evaluation of the stress concept. *Neurosc Biobehav*. 2011;02:003.
4. Crespo-Ruiz B, Rwas-Galan S, Fernandez-Vega C, Crespo-Ruiz C, Maicas-Prez P. Executive Stress Management; Physiological load of stress and recovery in Executives on workdays. *Int J Environ Res Public Health*. 2018;15(12):2847.
5. Onigbogi C, Banerjee S. Prevalence of psychosocial stress and its risk factors among healthcare workers in Nigeria: A systematic review and meta-analysis. *Niger Med J*. 2019;60:238.
6. Segerstrom SC, Miller GE. Psychological Stress and Human Immune System. A Meta-Analytic Study of 30 years of inquiry. *Psychol Bull*. 2004;130.
7. Etim JJ, Bassey PE, Ndep AO, Iyamu MA, Nwikekii CN. Work related stress among healthcare workers in Ugep, Yakur Local Government Area, Cross River State Nigeria. A study of sources, effects and coping strategies. In *J Public Health Pharm Pharmacol*. 2019;1:23-34.
8. Mariam MF, Lord C, Andrew J, Juster RP, Sindi S, Arsenaault LG, et al. Chronic stress, Cognitive functioning and mental health. *Neurobiol Learn Mem*. 2019;96:583-95.
9. Chrousos GP, Gold PW. The Concept of Stress and Stress System Disorders-overview of physical and behavioral Homeostasis. *J Am Assoc*. 1992;267:1244.
10. Uchekukwu MC, Uche PO, Chibuike JN. Work-related stress, quality of life and coping mechanism among lecturers in a Tertiary Institution in Anambra State, Nigeria. *BMC Psychol*. 2023;11:73.
11. Kaborloomene B. Sources of Stress Among Lecturers in Tertiary Institutions in Rivers State Nigeria. *Int J Innovative Healthcare Res*. 2023;11(4):143-51.
12. National University Commission. Benchmark minimum academic standards for undergraduate programs in Nigerian Universities. *Vet-Medicine-Draft-BMAS.docx*. 2014.
13. Bashir D. Methods of excess workload computation for the Nigerian University systems. 1998. Available at: <https://www.slideshare.net>. Accessed on 12 June 2024.
14. Usoro AA, Grace R. Etuk Workload Related stress and job effectiveness of university Lecturers in Cross River and Akwa Ibom states Nigeria. *Asian J Social Sci Management Studies*. 2016;3(1):34-41.
15. World Health Organization (WHO). Burnout: An Occupational Phenomenon, International Classification of Diseases. Available at: <https://www.who.int.classification>. Accessed on 12 June 2024.
16. Zanstra YJ, Schellekens JM, Schaap C, Kooistra L. Vagal and Sympathetic activity in burnout during a mentally demanding workday. *Psycho Som Med*. 2006;68:583-90.
17. Pestonjee DM. Executive Stress: Should it always be avoided? American Institute of Stress. Available at: <https://psycnet.apa.org.1997>. Accessed on 12 June 2024.

Cite this article as: Solomon EN, Ijeoma NEE, Dike AC, Solomon EN. Executive stress and burnout syndrome: focus on clinical lecturers in Nigerian. *Int J Adv Med* 2025;12:156-9.